



Neighborhood Partnership Program Registration

Please return this registration form, a copy of the association's bylaws, and a roster of associations officers to the City of College Station, Neighborhood Services Office, P.O. Box 9960, College Station, TX 77842, Fax: 979-764-3496, Phone: 979-764-6262.

Date: _____

Association Name: _____

☐

Neighborhood Association

A voluntary organization of residents who work together to improve and maintain the quality of life in their neighborhood.

☐

Home Owners Association

Formal legal entity created to maintain common areas and to enforce private deed restrictions and covenants.

☐

Other: _____

Describe the geographic boundaries of your association? (North, South, East, West)

How many households are served by this association: _____

When and how often will neighborhood meetings be held? _____

In what month will new officers be elected? _____

Association's Internet web site:

Does the association distribute a newsletter?

Yes

No

The Neighborhood Services Office requests each association to identify a primary who will serve as staff's first point of contact concerning neighborhood issues. This contact may be changed at any time. Establishing a first point of contact is strictly for efficiency in disseminating information. Neighborhood Services welcomes any association member or College Station resident to contact our staff at any time.

Primary Contact:

Name _____ Title: _____

Address _____ Zip _____

E-mail: _____

Phone number where you may be reached during business hours: _____

Home Phone: _____

Please attach the following:

- **Roster of all association board members, including email and mailing addresses.**
- **Copy of current association bylaws.**

If applicable, identify person in charge of the Association Newsletter and/or web site:

Name _____ Title: _____

Address _____ Zip _____

E-mail: _____

Phone number where you may be reached during business hours: _____

Home Phone: _____